Must be typewritten Campus: \_\_\_\_\_\_\_\_\_\_\_

Two (2) copies required.

Revised 1-31-18 Race: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**William Carey University**

**Degree Application for**

**Specialist in Educational Leadership**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Enter official name only to appear on diploma.)

Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Proposed Date of Graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Professional Education Core (9 hours)** | | | Do not write in this space.  SLLA passed: YES NO  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_Score \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Hours transferred \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Hours in residence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Hours in area of concentration \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  GPA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Total hours \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_  Registrar’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Courses | Hours | Grades |
| EDL 601 | 3 |  |
| EDL 602 | 3 |  |
| EDL 609 | 3 |  |
| **Pedagogical Concentration (15 hours)** | | |
| EDL 604 | 3 |  |
| EDL 605 | 3 |  |
| EDL 606 | 3 |  | Exceptions Authorized |
| EDL 617 | 3 |  |  |
| EDL 688 | 3 |  | Degree Plan Approved:  Advisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_  Education Dean \_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_  Registrar \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_  Degree Conferred \_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_ |
| **Research Concentration (6 hours)** | | |
| EDL 789 | 3 |  |
| RSH 702 | 3 |  |
| **Field-Based Experiences (6 hours)** | | |
| EDL 635 – 1 | 1 |  |
| EDL 635 – 2 | 1 |  |
| EDL 635 – 3 | 1 |  |  |
| EDL 635 – 4 | 1 |  |
| EDL 635 - 5 | 2 |  |  |
| **Please note: If transfer credit, give correct course number. Includes all courses in program. If now being taken, indicate by writing “IP” (in progress) in grades column.** | | | |
| **Signature of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |